

# OIP E DECLARATION and POWER OF ATTORNEY

JAN 04 2002  
PATENT & TRADEMARK OFFICE

ATTORNEY'S DOCKET NO.:  
**PHFR000048 US**

#4

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled  
**"MPEG-4 binary shape transmission"**

the specification of which (check one)

☐ is attached hereto.

☒ was filed on 15 May 2001 as Application Serial No. 09/855,627 and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by the amendment(s) referred to above.

I acknowledge the duty to disclose information which is material to patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

## PRIOR FOREIGN APPLICATION(S)

COUNTRY	APP. NUMBER	DATE OF FILING (DATE, MONTH, YEAR)	PRIORITY CLAIMED UNDER 35 U.S.C. 119
Europe	00401368.6	18 May 2000	YES

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35 United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

## PRIOR UNITED STATES APPLICATION(S)

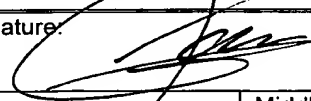
APPLICATION SERIAL NUMBER	FILING DATE	STATUS (PATENTED, PENDING, ABANDONED)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (list name and registration number)

Jack E. Haken, Reg. No. 26,902  
Michael E. Marion, Reg. No. 32,266  
Edward M. Blocker, Reg. No. 30,245

SEND CORRESPONDENCE TO: Corporate Patent Counsel; U.S. Philips Corporation; 580 White Plains Road; Tarrytown, NY 10591	DIRECT TELEPHONE CALLS TO: (name and telephone No.) (914) 332-0222
--	--

Dated: 27 September 2001		Inventor's Signature: 	
Full Name of Inventor	Last Name <b>FAUVARQUE</b>	First Name <b>Gregory</b>	Middle Name
Residence & Citizenship	City <b>St. Maur des Fossés</b>	State or Foreign Country <b>France</b>	Country of Citizenship <b>France</b>
Post Office Address	Street <b>75 Avenue Foch</b>	City <b>F-94100 St Maur des Fossés</b>	State or Country <b>France</b> Zip Code
Dated: _____		Inventor's Signature: _____	
Full Name of Inventor	Last Name <b>DAUBIGNE</b>	First Name <b>Philippe</b>	Middle Name
Residence & Citizenship	City <b>Yerres</b>	State or Foreign Country <b>France</b>	Country of Citizenship <b>France</b>
Post Office Address	Street <b>1 bis Avenue du Général De Gaulle</b>	City <b>F-91330 YERRES</b>	State or Country <b>France</b> Zip Code

# DECLARATION and POWER OF ATTORNEY

ATTORNEY'S DOCKET NO.:  
**PHFR000048 US**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original first and sole inventor (if only one name is listed below) or an original, first joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled  
**"MPEG-4 binary shape transmission"**  
the specification of which (check one)

☐ is attached hereto.

☒ was filed on 15 May 2001 as Application Serial No. 09/855,627 and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by the amendment(s) referred to above.

I acknowledge the duty to disclose information which is material to patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

## PRIOR FOREIGN APPLICATION(S)

COUNTRY	APP. NUMBER	DATE OF FILING (DATE, MONTH, YEAR)	PRIORITY CLAIMED UNDER 35 U.S.C. 119
Europe	00401368.6	18 May 2000	YES

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35 United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

## PRIOR UNITED STATES APPLICATION(S)

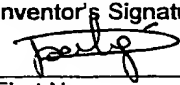
APPLICATION SERIAL NUMBER	FILING DATE	STATUS (PATENTED, PENDING, ABANDONED)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (list name and registration number)

Jack E. Haken, Reg. No. 26,902  
Michael E. Marion, Reg. No. 32,266  
Edward M. Blocker, Reg. No. 30,245

SEND CORRESPONDENCE TO: Corporate Patent Counsel; U.S. Philips Corporation; 580 White Plains Road; Tarrytown, NY 10591	DIRECT TELEPHONE CALLS TO: (name and telephone No.) (914) 332-0222
--	--

Dated:		Inventor's Signature:	
Full Name of Inventor	Last Name <b>FAUVARQUE</b>	First Name <b>Gregory</b>	Middle Name
Residence & Citizenship	City <b>St Maur des Fossés</b>	State or Foreign Country <b>France</b>	Country of Citizenship <b>France</b>
Post Office Address	Street <b>75 Avenue Foch</b>	City <b>F-94100 St Maur des Fossés</b>	State or Country <b>France</b>
Dated: <b>05 octobre 2001</b>		Inventor's Signature: 	
Full Name of Inventor	Last Name <b>DAUBIGNE</b>	First Name <b>Philippe</b>	Middle Name
Residence & Citizenship	City <b>Yverres ACIGNÉ</b>	State or Foreign Country <b>France</b>	Country of Citizenship <b>France</b>
Post Office Address	Street <b>1 bis Avenue du Général De Gaulle</b>	City <b>35690 ACIGNÉ F-91330 YVERRES</b>	State or Country <b>France</b>
Zip Code		Zip Code <b>35690</b>	

**LA VILLE AUBREE**